

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

100 36851

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2													
3													
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37	1												
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39													
40	1												
41													
42													
43	1												
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.		↓		↓		↓							
TOTAL DEP.		↓		↓		↓							
TOTAL CLAIMS													
51													
52													
53													
54													
55													
56													
57													
58													
59	1												
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98													
99													
100													
TOTAL IND.	5	↓		↓		↓							
TOTAL DEP.	54	↓		↓		↓							
TOTAL CLAIMS	59												

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS